


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**
Apr 25, 2008 8:00 am
Secretary of State

03-31-2008 90002 047 ***150.00

DOCUMENT # P07000023300			
1. Entity Name MJ VENTURES OF SPB, INC.			
Principal Place of Business 261 COREY AVENUE CHANGED ST PETE BEACH, FL 33706		Mailing Address P.O. BOX 66897 ST PETE BEACH, FL 33736	
2. Principal Place of Business - No P.O. Box # 6826 4th Ave N.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Petersburg, FL 33710		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Change Address RANFT, JANET C 261 COREY AVENUE ST PETE BEACH, FL 33706 6826 4th Ave N St Petersburg, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MARSTON, MICHELLE B 261 COREY AVENUE - 4217 23rd Ave. N ST PETE BEACH, FL 33706 St Petersburg, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RANFT, JANET C 261 COREY AVENUE 6826 4th Ave N ST PETE BEACH, FL 33706 St Petersburg, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Janet C. Ranft</i> JANET C. RANFT D/P		3-27-08 727-347-3536	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03272008 Chg-P CR2E034 (12/06)

4. Fee Number **26-0144757** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required